

2302

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO.		278	
1. PLACE OF DEATH		COUNTY <u>Navajo</u>		STATE <u>ARIZONA</u>		REGISTERED NO.			
TOWNSHIP <u>Taylor</u>		CITY		OR VILLAGE		WARD			
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED		YRS.		MOS.		DS.		HOW LONG IN U. S. FOREIGN BIRTH? YRS. MOS. DS.	
2. FULL NAME <u>Sarah Ellen Bates</u>		HOW LONG IN STATE WHEN DEATH OCCURRED		YRS. <u>30</u>		MOS. <u>2</u>		DS.	
(A) RESIDENCE: NO.		(USUAL PLACE OF ABODE)		ST.		WARD		(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)	
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX <u>Female</u>		4. COLOR OR RACE <u>W. American</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD) <u>Widowed</u>					
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Orville E. Bates</u>									
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)									
7. AGE		YEARS		MONTHS		DAYS		IF LESS THAN 1 DAY, HRS. OR MIN.	
<u>84</u>		<u>3</u>		<u>9</u>					
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>									
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.									
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)									
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION									
12. BIRTHPLACE (CITY OR TOWN) <u>Near Kansasville</u> (STATE OR COUNTY) <u>Callaway Co. Missouri</u>									
13. NAME <u>John F. Wakefield</u>									
14. BIRTHPLACE (CITY OR TOWN) <u>Highway</u> (STATE OR COUNTY) <u>Indiana</u>									
15. MAIDEN NAME <u>Susan Garlie</u>									
16. BIRTHPLACE (CITY OR TOWN) <u>Providence</u> (STATE OR COUNTY) <u>Bedford Pa.</u>									
17. INFORMANT <u>Elizabeth Baldwin</u> (ADDRESS)									
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Funeral Home</u> DATE <u>Nov 1, 1938</u>									
19. EMBALMER { LICENSE NO. SIGNATURE FUNERAL DIRECTOR ADDRESS									
20. FILED <u>Nov 26, 1938</u> <u>E M Karchner</u> REGISTRAR									
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct. 18, 1938</u>									
22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>Did not see deceased for some weeks before death</u> I LAST SAW HIM <u>ALIVE ON</u> 19 <u>?</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>?</u> M.									
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Found dead in bed. Had had congestive heart trouble with swelling of feet. Doubtless Cause of Death.</u>									
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:									
NAME OF OPERATION DATE OF									
WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY?									
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY 19									
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)									
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE									
MANNER OF INJURY									
NATURE OF INJURY									
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u>									
IF SO, SPECIFY (SIGNED) M. D.									
(ADDRESS)									